IN THE COUNTY COURT AT BIRMINGHAM Claim No. G80YX223

BETWEEN:

IAIN ROLLO Claimant

and

JET2 HOLIDAYS LIMITED Defendant

HHJ INGRAM:

I direct that pursuant to CPR 39APD6 paragraph 6.1 no tape recording shall be made of this judgment and that copies of this version shall stand as authentic and be treated as the official transcript

Introduction

1 This is the judgment in the case IAIN ROLLO who I will hereinafter refer to as the Claimant, and JET2 HOLIDAYS LIMITED (the tour operator), who are hereinafter referred to as the Defendant. This is the Multi-Track trial of Claimant's personal injury claim, which took place over 3 days , from 21st February 2023. Some witnesses giving evidence via Teams remotely, others in person. The Claim arises out of an illness, which it is agreed was caused by a bacterium, specifically Campylobacter, suffered by Claimant, whose symptoms came to light in the early part of a package holiday he was on with his wife in Spain in July 2017. He seeks to blame the Defendant for his contracting the illness, and for its after-effects. Liability and quantum are in issue. The Defendant denies liability and states that the claim should be dismissed.

Representation

2 All parties were represented by counsel, for which I am extremely grateful. Miss Prager, counsel on behalf of the Claimant, and Mr Clarke, counsel on behalf of the Defendant. The Court is most grateful to counsel for their assistance. It became obvious during the hearing over several days, that they had done a considerable amount of work and preparation for this case which inevitably

allowed the case to proceed in a smoother manner than perhaps otherwise would have been, and, therefore, we were able to finish within the three-day time estimate, save having to reserve judgment.

Background/Chronology

3 The Claimant, who is resident in Scotland, is now 68 years old and has several serious chronic health conditions, and he has been unable to work for some years. These include type 2 diabetes, a history of renal cancer, requiring regular kidney dialysis (several times per week), coronary heart disease, and atrial fibrillation.

4 In June 2017 he and his wife booked a half-board package holiday for them both through the Defendant , at the *Hotel Helios* in Benidorm, to run 2nd to 14th July 2017. They arrived in Spain at around 11:30am on 2nd July, and were then taken by coach to the hotel. This took about 90 minutes. The Claimant first ate something provided by the hotel in the evening on 2nd July. The Claimant's case is that he fell ill, with diarrhoea and vomiting, at around 5pm on 4th July, the second full day of the holiday. His illness was, he alleges, caused by the hotel having provided him, in the time that he had been at the hotel, with food or drink contaminated with Campylobacter.

5 On 5th July the Claimant was taken to a local clinic by his wife. He was discharged on 8th July. He claims that he continued to suffer from symptoms of abdominal pain and loose stools for the rest of the holiday.

6 On his return to the UK Mr Rollo's symptoms continued. On 23rd July 2017 his arteriovenous graft thrombosed, as a result of dehydration as a consequence of his illness, and he was admitted to hospital for emergency thrombectomy, angiography, angioplasty and stenting. On 25th, 26th and 27th July 2017 he provided stool samples which subsequently tested positive for campylobacter. He suffered from acute symptoms until the end of July 2017, after which he was left with symptoms of irritable bowel syndrome, with faecal urgency and increased bowel movements. Symptoms settled, so that about once a month he suffered with diarrhoea, for which no food triggers were identified. His symptoms were described as an inconvenience but did not significantly affect his daily life (when taking medication such as Imodium and Fibro gel). In February 2021, however, he suffered a recrudescence of significant symptoms, with daily diarrhoea for about two months. It is agreed that is unrelated to the holiday illness, and symptoms have now settled down again to a mild IBS.

7 Proceedings were issued in July 2020. The court has given the parties permission to rely on expert evidence in the following disciplines:

Microbiology (Claimant - Professor Griffith; Defendant - Dr Gant);

Gastroenterology (Claimant - Dr Thomas; Defendant - Professor Bjarnason); and

Nephrology (single joint instruction – Dr Foggersteiner).

Their reports and joint reports were before the Court. Permission has been given for the experts in microbiology and gastroenterology to give oral evidence at the trial.

The issues

Issues/agreements:

8 The parties agree that the Claimant was infected with Campylobacter at some time around early July 2017, and that the likely source was food or drink (as opposed to some other source, such as swimming pool water or person-to-person contact). The main issues at trial are follows:

(i) *When* precisely did C fall ill?

(ii) What was the likely *source* of the illness? Did the claimant eat contaminated poultry or poultry cross contaminated foods in the UK or Spain?

(iii) If the hotel is taken to be the source, quantum.

The evidence

9 The Court had the benefit of 3 volumes of trial bundles, 2 volumes of medical records, and 3 literature volumes. In addition, the Court had written skeleton arguments on behalf of both counsel together with the benefit of hearing comprehensive oral submissions from both counsel for the claimant and the Defendant. In addition, the Court had the benefit of hearing oral evidence from the claimant, and his wife. For the Defendant Ms Emma Wilkinson, one of its employees, in person, and 4 employees of the hotel: Sra Navarro, Sr Navarro, Sr Mondragon, and Sr Carrasco - by video-link. Unfortunately the Defendant's Spanish lay witnesses were unable to give evidence from Spain as there were difficulties in obtaining permission from the Spanish authorities. Ultimately and unfortunately, they were unable to give oral evidence at all.

The Court thanks all witnesses for their help in giving evidence during the trial.

10 The burden of proof; I remind myself, of course, that it is for the claimant, on the balance of probabilities to prove that which he alleges. I propose only to set out the briefest summary of the parties' submissions, but I have, of course, taken into account all points raised in the comprehensive submissions made to me by both counsel for which I am grateful. Therefore, if, in the course of this judgment I fail to refer to all of the documents examined during the evidence or submissions made, it is not because I have ignored the relevance of those documents but simply the hope of remaining concise. Of course, before preparing this reserved judgment, I have re-read my notes of the hearing and looked again at all documentary references and case /literature referred to.

The agreed legal framework and case law for this case.

Liability

11 Regulation 15(1) of the Package Travel, Package Holiday and Package Tours Regulations 1992 (SI 1992/3288) states:

> *"The [tour operator] is liable to the consumer for the proper performance of the obligations under the contract, irrespective of whether such obligations are to be performed by [the tour operator] or by other suppliers of services."*

Essentially, the Regulations impose a quasi-vicarious liability on the Defendant for the acts and omissions of its suppliers, including the hotel. In travel claims generally it is settled law that a court may imply a term into the contract only that the Defendant would use reasonable care and skill to exclude from the accommodation offered any hotel whose characteristics were such that guests could not spend a holiday there in reasonable safety (cf in this regard *Wilson v Best Travel Ltd [1993] 1 All ER 353* and *Hone v Going Places, 13th June 2001, unreported*, in which the imposition of an absolute duty to offer safe accommodation was rejected). In most cases the legal test to be applied in this case is fault-based rather than strict liability, so that the Claimant must show that the Defendant has failed to perform its obligations under the holiday contract with reasonable care and skill, by reference to local, not English, standards.

12 There is an exception to this general rule in the case of the provision of food or beverages by the hotelier in pursuance of the holiday contract. This exception arises as a result of the distinction between the provision of goods and the provision of services under the contract. The Court of Appeal considered the legal framework in the latter type of case in *Wood v TUI Travel Plc [2018] 2 WLR 1051*, in which the Court of Appeal found that where it could be shown that the illness suffered by the Claimant was caused by the consumption of contaminated food, the Defendant tour

operator would be liable for the provision of that food by the hotel. The Claimant need not prove that there has been any fault on the part of the tour operator or of the hotel. It will be necessary, therefore, for Claimants in this type of case, to show only that:

(i) They fell ill;

(ii) They contracted their illness during the course of the holiday;

(iii) Their illness was caused by consumption of food or water provided by the hotel;

(iv) That food or water was contaminated with a pathogen.

Credibility of the parties

13 My assessment of the credibility of the parties

In my judgement all lay witnesses who gave oral evidence before the court gave it honestly and truthfully, and to the best of their ability. The Claimant and his wife, Mrs Rollo, gave honest and truthful answers. Neither attempted to elaborate or adapt their evidence in any way, in order to progress their case more favourably. The Claimant was blunt, he didn't vacillate, and gave honest answers, which on some occasions did not necessarily assist his case. That of course goes to the claimant's credit with regard to credibility, and I find that I have no reason to doubt the veracity or truthfulness of his, or his wife's evidence. Mr Clarke submitted that both the Claimant and his wife had been vague and were unreliable in giving evidence, which is not accepted by the court and examples will be given later in the judgement.

Agreed issues:

14 The Defendant made the following concessions: –

(i) that the claimant had contracted Campylobacter

(ii) the symptoms that the claimant had whilst in Spain were caused by the campylobacter.

(iii) the claimant then developed post infection IBS as a result.

(iv) the claimant only suffered one illness not two (this was conceded by Dr Gant)

(v) the claimant had to go to hospital as a result of the campylobacter in July to have an operation to resolve the issues with his stent/graft. (This was conceded by the joint nephrologist report Dr Foggersteiner.)

(vi) it was agreed the Campylobacter is spread by contaminated poultry or items cross contaminated by contaminated poultry.

Discussion of the issues before the Court.

15 The crucial and key question for the court to determine is:

Did the Claimant eat contaminated poultry, or poultry cross contaminated foods, in the UK or Spain?

16 In order to consider this question fully, the court needs to consider all the evidence, including the credibility of the claimant and his wife, assess their evidence as to the date of symptoms onset, together with the expert evidence as to incubation periods; dose; and the effect of PPI medication. The court will therefore deal with all these issues before reaching a conclusion.

17 The claimant's case is that he fell ill around 5 PM on the 4th July 2017, although the Defendant's case is that it is likely to have been slightly sooner, for reasons discussed later when considering onset. The Defendant's case is that the symptoms of the Claimant's illness occurred at the very beginning of the holiday, and when considering the question of incubation, that it was more likely than not the Claimant contracted the Campylobacter, whilst at home in Scotland.

18 Mr Clarke submitted that the evidence of the Claimant, with regard to what he had eaten, was vague. He submitted that the witness statement said that he had not eaten any other food other than that provided by the hotel. Mr Clarke submitted that the Claimant was vague in cross examination, and that he had eaten from the grill, although he submitted the Claimant couldn't remember what he did eat exactly, on the 2nd or 3rd July. Mr Clarke submitted that the evidence was inconsistent, because it was only later he said he ate from the grill, and therefore the court should not place any reliance upon his memory. He submitted that whilst it was not surprising he couldn't remember, because the time he was on holiday was now over 5 years ago, and neither the Claimant or his wife were aware of the source of the illness, whilst on holiday ,or that the illness was connected with contaminated food, and therefore it was sometime later that they had to cast their mind back as to what they had eaten. Mr Clarke submitted that they were reliant entirely on their memories as they kept no records or photographs, therefore there was no contemporaneous evidence to support what they said about what they drank or ate whilst on holiday. Mr Clarke submitted that there was a reference in the witness statements about hygiene standards in the restaurant, which had ultimately been commented upon by Dr Thomas when she gave her opinion, but Mr Clarke submitted that the claimant had effectively abandoned these arguments.

19 Miss Prager submitted that it was certainly possible for the claimant to have acquired his illness in Scotland, as opposed to Spain. She conceded that which of the two potential locations was more

probable will depend on the view that the court takes of the lay evidence, as to the symptoms: onset and with regard to the expert evidence regarding incubation periods, and the effect of PPI medication. Miss Prager submitted that it was more likely than not that the infection was contracted whilst the claimant was in Spain. She submitted that he and his wife were aware of the need for care to be taken with regard to food hygiene, and in particular because of his medical condition.

20 In my judgement the Court accepts the evidence of the Claimant and his wife, who said that they have a boring eating routine which never changes. The Claimant said, *"I never change I only eat chicken or pork when in Spain".* There appears to be no significant history of infections via food sources, and therefore, the Court accepts Miss Prager's submissions, that this is indicative of Mrs Rollo's good food hygiene. Mrs Rollo who did most if not all of the cooking, had to take care of food preparation in particular, as infections could be very serious for the Claimant to contract, and indeed an infection could potentially be fatal.

21 The Court accepts the evidence of the Claimant and his wife, that they never ate out before the holiday, and only consumed food at home, and therefore consequently either the Campylobacter was contracted at home in Scotland or at the hotel. Mrs Rollo stated in her witness evidence both in writing, and when confirmed in cross examination ,that they only ate things such as; beef mince and onions; beef stew and other meat and potato dishes. They lived in a small village in Scotland where there was little to do, and rarely went out for meals. The Claimant, in his witness evidence also confirmed that they also do not usually eat chicken at home and would tend to opt for red meat or fish. Also, the court accepts the evidence that Mrs Rollo in her witness statement did say that if they ever did eat chicken, it would have been from Birds Eye, and they both would have ate the same meal.

22 In my judgement, the Court has no reason to doubt the evidence of the Claimant and his wife, and therefore the Court accepts their evidence. Dr Gant, when giving his evidence, did state that freezing can often kill most, but not all, of the campylobacter. Whilst the Court accepts that the Claimant and his wife can't remember exactly what they ate before the holiday, the Court accepts that they are being honest and truthful, and that it was this usual type of food, and therefore it is unlikely to be a candidate for the source of the campylobacter. Professor Bjarnason, the Defendant's gastroenterologist, did state when giving evidence "*if there was no chicken in the house and nothing in the fridge was touched by chicken it is more likely than not, that the Claimant contracted the infection whilst he was in Spain".*

23 Both the Claimant and his wife described that the chicken in Spain appeared to be flattened out and cooked on the grill using different oils, and therefore it appears to the Court ,that the Claimant was more likely than not, only going to eat chicken that was not frozen first in Spain ,rather than in the UK. The Claimant also gave evidence that he always ate from the grill, and his wife did not. The Claimant also stated, which the court accepts, that after he became ill the doctors from the Clinic advised him to simply eat boiled foods, and soup and that he followed that advice. The court therefore accepts that it's more likely than not, that the infection was caused by something that the Claimant ate before he became ill.

24 Professor Griffith was cross examined on the summary of his reasoning in the joint report, and he stated that believed that there was nothing to indicate that the Claimant acquired his illness in the UK, whereas there are a number of risk factors ,and other reasons to believe he could have acquired the campylobacter, whilst in Spain.. A summary of the lists appears at page 875 the bundle. In cross examination by Mr Clarke, Professor Griffith did concede that 5 of the factors cited would equally apply to the UK and Spain, and so therefore, did not add anything. For example, the Claimant had not shopped at any market stalls; not consumed any raw dairy products; did not have any pets ; and had not encountered any unusual water sources ;and was not reported as being a high-risk worker. Mr Clarke submitted that one of the factors quoted was "*avers he ate the same food at home as his wife who was not ill"*. Mr Clarke submitted that this was a minor factor as Dr Gant had said that campylobacter can affect some people, and not others, and therefore it was possible for the Claimant to be affected, and the wife not infected , even if the ate the same food. Professor Bjarnason also confirmed that the taking of PPIs could make some people develop symptoms, but others may not. The Claimant did take PPIs. Mr Clarke further submitted that the Claimant was vulnerable to developing infections and that factor should appear in both lists.

25 The Defendant's/Claimant's microbiologists considered the risk factors, and discussed the likely acquisition of the disease in the UK, compared to that of Spain in particular, as found in the joint expert statement. The joint report at page 875 also lists the risk factors that the claimant would be exposed to, whilst being in Spain. In cross examination, Professor Griffith and Dr Gant confirmed that eating out, and barbecue food, including at private functions, is considered a risk, but can be different in Professional settings, although the Defendant's case was that the preparation of food at the hotel would not impose an extra risk than anywhere else. Mr Clarke reminded the Court that it was not the Defendant's case to prove that the campylobacter was acquired from home-cooked food, but he did submit that the lack of information about what was eaten before the holiday, and

how it is prepared, together with the microbiologist evidence which stated that campylobacter was endemic in the UK as well as Spain. Mr Clarke submitted that it was not appropriate to compare the Professional setting of cooking at the hotel, with barbecues in a private setting, such as a garden. He submitted that positive steps were taken by the hotel, which could be seen from the disclosed documents, whereas there was very little information about how food is prepared in Scotland.

26 In my judgment however, the Court has found that Mrs Rollo took exceptional care over food hygiene, already referred to earlier in my judgment. Mr Clarke submitted that the risk factor of overseas travel was not a risk in itself, but it was dependent very much on what happened when you got there. Mr Clarke made various submissions in relation to the other risk factors at page 875, all of which have been taken into account by this Court. However, he emphasised, that as the Claimant appeared to be relying on the grill/show cooking station as the source, then there was a very narrow possibility for the Claimant to acquire the illness at that time. Firstly, because he must have eaten at that station only on two occasions before he became ill i.e., on the evening of 2nd July, and on the evening of 3rd July. Mr Clarke submitted if the second instance was relied upon by the Claimant, then that would already be a shorter incubation period than typical, and if it was on the third, it would be shorter still, as it would be less than one day.

27 Secondly, in cross examination Professor Griffith said there would only two ways that the show cooking station could be involved; namely either the meat had not been cooked through properly, or the meat had been cooked through properly, but that campylobacter was applied to it after it had cooled down, maybe by the staff ,in the use of tongs or other method of cross contamination. Professor Griffith explained that cooking on a grill, if done properly, would kill the campylobacter that was within the meat, and was likely to be killed quickly and permanently.

28 Mr Clarke submitted that was unlikely because Dr Gant in his evidence, had said that if there was a systematic error in the nature of cross contamination with cooked meat, having been contaminated with tongs, or raw meat, he said that he would have expected to see many more cases and campylobacter is sporadic, but he believed that a failure of this type would inevitably result in more cases being reported. Ms Prager submitted however, that as most campylobacter cases were sporadic, and that Dr Gant accepted the studies, which stated that most campylobacter cases were sporadic, she submitted that in this particular case, if the claimant acquired the illness from chicken from the show grill, it potentially was not necessarily because it was part of the batch. If it was just one piece of chicken that was infected, then it would result potentially, in only an individual infection rather than an outbreak.

29 In my judgement, the Court accepts Ms Prager's argument, that the fact that there was not an outbreak does not mean that it was unlikely to have been contracted in Spain, as opposed to Scotland ,for those reasons. Furthermore, in support of that finding, the court accepts that the evidence of illness reporting was poor. When Ms Wilkinson, the representative from Jet2 gave evidence, she confirmed that there had been a failure in their systems of reporting, and she confirmed that she was not able to give the Court any information about any illness having been reported from any other tour operators which were using the hotel at the same time as the Defendant. She confirmed she was not aware of the levels of reporting. In addition, the court was not able to hear from any of the managers from the hotel about the reporting systems, and it appeared to be accepted amongst the experts, including Professor Bjarnason that under-reporting of the illness was routine, and therefore, the Court accepts Ms Prager's submissions, that the fact that there was no outbreak in the hotel is not persuasive, because in a campylobacter infection, it is not necessarily expected for there be an outbreak, and secondly, the evidence of reporting was poor.

Hygiene standards

30 The claimant complains about the food hygiene standards at the hotel, they were: –

- buffet food was exposed for long periods of time
- food was often lukewarm or cold
- the same food would be served again at subsequent meals
- Fresh food was added on top of all food in the buffet serving trays
- there was cross contamination serving utensils between different dishes
- food handlers were not wearing gloves.

31 Mr Clarke submitted that the hygiene standards of the Defendant were good. He submitted that the consensus of the evidence, was that food preparation and hygiene standards were not causative, and that there may not have been a general failing of such standards, as the Claimant's case focused on the show cooking section. The Defendant's case was that food preparation / hygiene processes at the hotel was of a good standard, and that when the systems were considered, it was concluded that it was unlikely that the hotel was the source of the infection. Mr Clarke submitted that the Claimant's complaint should not be taken at face value, as neither the Claimant or his wife, were in a good position to judge these matters; and that Dr Thomas did not consider the Defendant's disclosure evidence about the processes in the hotel, before reaching her conclusions. The

Defendant submitted, that taken as a whole, the hotel had a good system, and although it was conceded it was not total perfection. Disclosure had shown there were independent audits in 2015 and March 2017, and a Spanish-based food hygiene audit in 2017 had picked up only minor errors. It was suggested that none of these incidents would increase the risk of campylobacter and were properly not relevant to the case. The Defendant maintained that there was no evidence of bad practice in food hygiene at the hotel. The Defendant's case was that there is no evidence that the record-keeping was deficient or fell below the applicable standards.

32 In my judgment, it was unfortunate that the Defendant was unable to call Defendant's witnesses from Spain, and the Court could only consider their witness statements alone. The witnesses were employees from the hotel, who would have had direct knowledge of the food standards and hygiene standards in that hotel. Therefore, the Defendant was unable to call their witnesses in order to assist the court, their evidence could have been tested by way of cross examination with regard to food and hygiene standards. Inevitably the cogency of the evidence from the Defendant's with regard to this issue, was disadvantaged.

33 The Claimant's claim, does not, in any event, rely on establishing a systematic failure of the systems. It was agreed that the illness was caused by either an undercooked piece of chicken/meat or by way of cross contamination that had resulted in the illness. Miss Prager submitted that this was sufficient to establish liability, and that there was no requirement to establish systematic negligence.

34 In my judgement, the Court accepts Miss Prager's proposition, and, as the court has found on the balance of probabilities, that the illness was contracted in Spain, as opposed to the Scotland, the Court will consider all the evidence with regard to the standards of hygiene in the Defendant's hotel.

35 Professor Griffith gave evidence, which was agreed by Dr Thomas, that the starting point would be the food safety culture. This would need to be evidenced by proper documentation. It appears that the documents that were disclosed, show that the hotel was not looking at cross contamination, as they should have been, as it was well known that this was a large contributor to infection caused by campylobacter.

36 In my Judgment, the Court accepts that there is a lack of evidence with regard to the food safety culture of the show cooking station. In fact, no evidence has been shown to the Court with regard to the same. The Court has not been able to determine for example: how hot the grill was kept;

what fuel was used; what size the grill was; what the setup was; whether or not the cook may have had a large queue of residents, and therefore, the cook may have been under pressure to rush the cooking process. It appears that only one document was disclosed concerning the show cooking station, which appears at page 1872. This document discloses that there needed to be some improvement with regard to cleanliness. *"Show cooking: Improve cleaning under/side of griddles and fryer and over pizza oven"*

37 In my judgement, the Court accepts Miss Prager's submission, that the documentation shows that there was no temperature checking in that area. In addition, there are no records to show that the hotel tests for campylobacter, despite the fact that it is the most common pathogen responsible for food poisoning. Dr Gant, when he gave evidence, advised that he was not interested in testing for temperatures, but he was more interested in the process because he said that was where the risk was. He gave an example, that barbecues were high risk. In my judgement, the Court accepts Miss Prager's submission that in this particular case, the Court has no evidence to give information about what processes were used at the show cooking station.

38 Professor Griffith gave evidence, that show cooking station was a high risk area, because he said "a show grill is not necessarily a lower risk than a domestic barbecue setting" Professor Griffith referred the Court to the " Jones"(?) Paper, which discusses the well-known fact, that commercial chefs often do not follow proper hygiene rules.

39 In my judgement, therefore the Court accepts that the evidence before the Court from the Defendant, is scant, and fails to show the correct processes, for either the show cooking station, or the rest of the buffet area, and it is not clear that any temperature checks were carried out on a routine basis, and that therefore ,the high risk areas were obviously not being checked.

40 It was unfortunate that the Court heard no evidence from anyone that had direct knowledge of cooking in the hotel, the only evidence being the written statement from the kitchen manager which, as stated earlier in this judgement, was not tested by cross examination. In my judgement the Court accepts Miss Prager's submissions, that it is not for the Claimant to have to attribute blame, as it is only the Defendant that can provide this evidence to the Claimant and to the Court, as the Claimant themselves have no access to any evidence or documentation , with regard to this evidence. The Court therefore accepts, in my judgement, that whilst the burden of proof in this case, is on the Claimant, the evidential shift of the burden of proof, would lie with the Defendant, and their knowledge with regard to the disclosure of documents in respect to food hygiene

standards. In my judgement, therefore the Court accepts Miss Prager submission, that where there is a gap in information with regard to the evidence, the burden is on the Defendant to disclose that evidence. This court consequently, will prefer the evidence of the Claimant, and his observation and lived experience, which has already been referred to elsewhere in this judgement.

41 Dr Gant did concede that barbecues were a risk because they were "chaotic". The Claimant gave evidence and referred to the Buffet as *"a free for all".* Mrs Rollo gave evidence that she felt that if there was a queue at the show grill station, then she felt that the food handler/Cook was more likely than not, going to rush and not check that the food is properly cooked through, which was why she often avoided that sort of food.

Date/time of onset of symptoms

42 The Defendant's case was that, because the Claimant's symptoms occurred very close to the beginning of the holiday, that there was a question, as to whether or not the illness onset , fits the incubation period of campylobacter infections. The Claimant's witness statement said that he fell ill around 5 PM on 4 July 2017. The Defendant's case is that the symptoms were likely to have started before then, because it is rare for there to be diarrhoea and vomiting, without an upset stomach first. Mr Clarke submitted that there were 2 reasons his assumption:

(i) The Claimant gave an account to Professor Bjarnason in a telephone conversation on 5 October 2021; "*that symptoms started approximately 53 hours after arrival, but he had no food for about 6 hours following his arrival at the hotel. He been for a dialysis in the morning. He felt unusually tired and drained after the session and he felt that his stomach was not right. He had a short nap and when he woke up he felt nauseous and was off his food. He had stomach pains and he had a muscular pain. In the evening he experienced severe abdominal pains followed by watery diarrhoea (bowel openings 6 to 12 times an hour initially) and 24 hours of vomiting".*

Mr Clarke submitted that there would have been a lead-in period before the diarrhoea and vomiting started, and as the Claimant said that started about 5 PM, he submitted that logically he would have had an upset stomach before that time.

(ii) The discharge report from the medical notes from the local clinic, record on the 5th July 2017, that he had symptoms for at least 2 days. Mr Clarke submitted that this suggested he felt ill on 3rd July, which was the first full day of the holiday, and that the Claimant had said that his stomach

did not feel right after his dialysis on the 4th July, which took place in the morning, and the Defendant submits that it is likely that the symptoms started earlier than 5 PM.

43 Mr Clarke also submitted that Mrs Rollo was vague when giving evidence, although she had similar recall regarding what the claimant ate. He submitted that she was reliant upon memory formed after the event about what food her husband has eaten, which she hadn't eaten herself, and therefore he submitted that the Court should not have confidence in her evidence. Mr Clarke was sceptical about Mrs Rollo's evidence, about what she says about what the Claimant had eaten on the evening of 2nd July, although he said that she did say it was meat from the hot plate section, but he criticised her , in that she couldn't give any timings at that point, although he submitted that she purported to be more confident in oral evidence, but urged that the Court to consider the credibility of her evidence, in view of the fact that the Claimant would have to prove that he had eaten chicken on 2nd July, for example. Mr Clarke submitted that the evidence that Mrs Rollo had given, about what the Claimant had eaten from the hot plate, and to suspicions about the long queues, and under-cooked meat, were not sufficiently cogent for the Court to make a finding of fact, that the chicken eaten by the Claimant was not cooked enough. Mr Clarke also submitted that Mrs Rollo was not able to give precise evidence about the timings of when the Claimant first had diarrhoea and vomiting. Mr Clarke submitted that he felt that there was a suggestion that the Claimant had been ill earlier in the afternoon of 4thJuly.

<u>The question for the Court therefore, was campylobacter contracted on 3rd July or 4th July?</u>

44 The only documentary evidence that appears to suggest it could have been the 3rd, relied upon by the Defendant, was the Discharge Report from the clinic, that the Court has already referred to. The Discharge Report is dated 8th July, and refers to an admission of 5th July. And it talks about "presenting condition- at least 2 days since presentation". Miss Prager submitted that there could be a possibility that there was a misinterpretation in the language, it could quite easily mean to have been 2 days since he presented at the clinic. Miss Prager submitted that if he had been ill on the 3rd, the Claimant would not been able to undergo dialysis on the 4th, which he clearly did.

45 The court accepts that the Claimant cannot be mistaken about this fact, as to do so would mean he was being aided and abetted by his wife, in a lie, which was then followed up in the Facebook entry. The court accepts that the Facebook entry was before either the Claimant, or his wife were aware that the illness was caused by and as a result of, food poisoning. Miss Prager submitted that it was beyond doubt, and there was contemporaneous evidence to support the fact, that the onset

of the illness was 4th July, and that was confirmed in the Facebook entry of 7th July, and the letter of complaint to the Defendant, dated 9 September.

46 In my judgement, the Court accepts the submissions of Miss Prager, and that it is clear that the contemporaneous documentary evidence, is supportive of the oral evidence of the Claimant and his wife, that it the onset of the illness , was clearly 4th July.

The Court having concluded that the illness did commence on 4th July, the next question for the Court is, what time on that day?

47 Mr Clarke robustly cross-examined both the Claimant and his wife, with regard to the timing of the onset of the illness. The Claimant stated "*I got back from dialysis about 5 o'clock- I always feel tired and drained- I took a short nap, woke up, felt ill and had to run to the toilet"*

In my judgement the Claimant gave his most emphatic evidence during this cross examination:

Mr Clarke in cross examination, asked the Claimant- if his stomach could have been not right after dialysis; was it about lunchtime? The Claimant replied: "*no no no"*.

Mr Clarke asked if he (the Claimant) had started feeling ill, when he had finished dialysis ,at lunchtime, and the Claimant responded:

"no" and then under his breath*, "Jesus!".*

Mr Clarke asked-, so you (the Claimant) didn't have symptoms of diarrhoea and vomiting earlier in the day?

The Claimant responded, *"no not once have I said that!"*

48 In my judgement, I found that the Claimant's evidence at this point, had a ring of truth, and he was clearly exasperated at the suggestions being put to him. In addition, Mrs Rollo said:

"*He came back- said he felt tired and yucky-, that was part of the course and he went for a nap as usual -he woke and said he didn't feel well. He gets back between 4.30 and 5.15, he laid down for about half an hour ,if that ,and he said his stomach was not right, and he got up, and he was sick."*

49 In my judgment, the Court found that the evidence of the Claimant, and his wife, was credible. They both said that the earliest time possible , when he started to feel ill, was about 5 PM, and it could have been up to 5.45, on her evidence. In my judgement, the Court accepts that the Claimant and his wife, have given credible and truthful evidence, and they were not trying to put the onset

of the symptoms, as being late as possible, and therefore the Court finds that this is a hallmark of credible witness testimony, and that both parties were doing their best to assist the Court. This is an example of what the Court referred to earlier in my judgement, about some of the evidence of the Claimants being credible because they did not attempt to elaborate or exaggerate, in order to support their best case. In my judgment, the Court does not accept the submissions of the Defendant, that the symptoms must have started much earlier in the day. That submission is based on hearsay evidence of Professor Bjarnason gathered in October 2021, some significant time after the incident, and around the same time as the parties signed their witness statements, and therefore Professor Bjarnason's report, is not more contemporaneous than that of the Claimant's evidence. The Claimant does not accept what Professor Bjarnason said, about the onset time is correct, and this Court accepts the Claimant's submissions, together with the Claimant, and his wife's direct evidence to the Court on oath. The Claimant's evidence is preferred by this Court.

Incubation/PPIs/Dose

50 The microbiologists and gastroenterologist agree that most cases typically manifest between 2 and 5 days after ingestion. It is possible that symptoms can manifest in a range between 1 and 11 days. Professor Griffith considers that the Claimant may well have fallen at the lower end of this range, due to his medical conditions, and the medication taken to control them, including a proton pump inhibitor, hereinafter referred to as PPIs.

51 Dr Gant considers that numerous large studies have reported the average, between 2.5 days and 4.3 days. He says a considerable majority of the cases have an incubation period greater than 2 days. He says it is exceptional that longer or shorter periods are encountered. Professor Bjarnason advises there is a median incubation period of 3 days; meaning 50% are acquired after 3 days incubation. Dr Gant states that for the Claimant to have acquired the infection in Spain, the incubation would needed to have been unusually short, and acquisition would have had to have happened almost immediately upon arrival in Spain.

52 Mr Clarke submitted that, on the balance of probabilities, the infection was acquired in the UK. Dr Gant referred to a graph in the 'Warwick study' found at page 425. He found it very persuasive as it seemed to indicate that 30% or fewer cases, showed symptoms 2 days or less, and 10% or fewer showed symptoms one day or less. Mr Clarke submitted therefore, that there was an extremely narrow window in which the Claimant would have acquired the illness, and that it must have been almost straight away. He submitted that the Claimant fell ill something like 44 hours after he had

first eaten in Spain, which was less than 2 days. Both Dr Gant and Professor Bjarnason both stated that whilst other factors cannot be ignored, incubation was a factor to consider in its own right. Mr Clarke submitted that if the Claimant submitted that the cause of the illness was from food eaten on the 2nd ,then for the Claimant, this was less than 2 days after ingesting contaminated food, and if in reality the contaminated food was eaten on the 3rd, it was significantly less than 2 days.

53 Professor Bjarnason noted that the median incubation time was 72 hours (range 2 to 5 days) and that 50% of those affected will develop symptoms before 72 hours, and 50% later. Professor Bjarnason considers that given the incubation period, the Claimant is likely to have acquired infection before his holiday; he fell ill some 54 hours after arriving in Spain, and 48 hours after eating his first meal at the hotel. In answer to part 35 questions raised by the Claimant Professor Bjarnason did opine that it may be, that the fact that the Claimant was taking a PPI, which would reduce the incubation time, but that fact was far from clear. He did though agree that the Claimant would certainly have a greater risk of developing symptoms as a result of using PPIs.

54 There was a dispute between the experts as to whether the effective incubation period can be shortened in this case, because the Claimant was taking omeprazole, which was a PPI; the effect of the medication was to reduce the pH of the acid in the gut, which is one of the body's lines of defence. The experts agreed that taking PPIs can increase patient susceptibility or vulnerability to the infection. Professor Griffith did suggest a theory as to how taking PPIs could reduce the incubation period. There was a great deal of discussion during the case, about whether or not, the use of PPIs could affect the incubation period. Mr Clarke submitted that there was no conclusive evidence that supports the use of PPIs would shorten the incubation period. He observed that Dr Thomas did not refer to it in her report, or in the joint statement, but in cross examination, she did accept that it was not scientific data driven, to support the fact that the use of PPIs would shorten the incubation. Mr Clarke submitted that there were not sufficient evidence/studies with regard to PPIs being a factor to shorten the length of incubation period. Although some of the studies did analyse the size of dose could affect incubation. For example, the "duck liver parfait study" could support some views, that size of dose could affect the incubation period in some cases, but Mr Clarke submitted that that study didn't go far enough to be conclusive.

55 Mr Clarke submitted to the Court, that it was put in cross examination to Dr Gant, that dose could make a difference. Mr Clarke referred to Dr Gant's compelling explanation, that it probably doesn't in essence, as he said it depended on a number of significant different factors. E.g. the medium of bacteria; and the individual concerned. He did concede helpfully, that the size of dose may make

some difference, but he was keen to emphasise that it would only be minor in his view, when set against other factors. Dr Gant would not accept that there was any scientific data to show that the use of PPIs will shorten the period. Mr Clarke pointed out that again it was put to Dr Gant in cross examination, as to whether or not other factors might affect the patient, e.g. such as age. Dr Gant acknowledged that there was data to suggest that children had longer incubation periods than adults.

56 The Court did not hear any direct evidence as to the time of dinner service. The general manager in his witness statement stated that at this present time, it starts at 7:30 PM ,or within half an hour or so, but it is not known what time dinner service commenced in 2017. Accordingly, therefore it is impossible for anyone to state exactly what time the Claimant ate his meal on 2nd July. If the Claimant was made ill on the 2nd, then that was approximately 46 hours prior to the onset of symptoms. Ms Prager did accept that the incubation period in this particular case was on the short side but was not outside all probability.

57 In my judgement, it appears that both Professor Griffiths and Dr Gant except that incubation could be shorter, and particularly the case would depend on the particular circumstances of the individual concerned. Professor Griffiths said that it would depend considerably on the host, because of the immune response would vary and there are therefore different risk factors. Dr Gant in cross examination, did indicate that *"incubation depends on the fortitude of the person, the competing bacteria in the gut and many other factors"*.

58 Ms Prager submitted that incubation for the Claimant was likely to be shorter, because he was a male, over 60, had undergone kidney transplants, underwent dialysis and was taking certain medications, such as PPIs. On balance, and in my judgement, the Court finds Professor Griffith was persuasive when he commented in cross examination:

"*PPIs increase the pH in the stomach which in turn will increase the pH . Bacteria more likely to pass through and fewer are destroyed- some more bacteria arrive where they need to be sooner and therefore, I agree that would give rise to a shorter incubation period."*

Dr Gant could not be persuaded in cross examination, to agree with this proposition. Dr Gant was taken to studies and textbooks upon which he himself had relied upon , including the "Warwick study", which he considered was reliable, as the authors were well respected. That study did establish that a larger dose of the bacteria could result in a shorter incubation period, but in my

judgement, the Court also accepts that the Claimant being on PPIs, as Professor Griffith, stated was more likely than not going to get a larger dose.

59 In addition there was an agreement between experts, that there was a longer incubation period in children, and therefore, if the study showed a mean incubation period of between 2.5 days and 4.3 days, and that study included children, as well as adults, then inevitably that would mean that it was more likely than not, adults could have a shorter incubation period. Including other factors such as age; and the individual's medical condition.

60 In my judgement therefore, the Court has found that the Claimant did get ill at approximately 5 PM on 4th July, given all the other factors, the Claimant was within the possible range of incubation period for him to have acquired the infection in Spain.

Incidence/Prevalence

61 Ms Prager reminded the Court, that incidence and prevalence, was not relied upon by the Claimant, but the argument arose out of Professor Bjarnason's report, as he relied upon it, in support of his conclusion, together with incubation ,that it was more likely than not, the illness was acquired in the UK.

62 The Claimant did not put his case, saying that the prevalence in Spain is greater than that of the UK, therefore it must be Spain where he acquired the illness. Professor Bjarnason suggests that the prevalence is greater in the UK, and therefore it must have been acquired in the UK. Dr Gant did report that there were studies indicating that the incidence of Campylobacter in Scotland was in fact higher, than in Spain. It appears to be conceded by the parties that the evidence might be said to be equivocal, as to the relative incidents between the countries, because of the difficulties in analysing the reporting rates, meaning Spain is no more likely than Scotland.

Dr Gant in cross examination, did concede that it was impossible therefore to compare *"apples and pears".* It appears to be accepted by both parties, that the reporting in Spain does not cover the whole country, and they have a different reporting practice, and therefore, it would be impossible to compare if there were higher rates in Spain, than the UK, or vice versa ,without any particular confidence.

63 Mr Clarke relied on the " TESSy paper", which gave incidence across Europe, between 2008 and 2016, and the results table which did indicate a higher rate in the UK, as opposed to Spain, but Mr Clarke did concede that all the experts, including Dr Gant and Professor Griffith, agreed that the

commonplace reliability on it ,to show the reality of one or the other to have had had a higher incidence, was not reliable. It therefore appears to be agreed that the figures for the basis of that study are unreliable Ms Prager pointed out several pages of the report, which confirmed the unreliability of reporting Europewide, and therefore it was impossible for anyone to rely on those figures in order to compare countries.

64 In my judgement, the Court accepts that because of the unreliability of the reporting of Spain, it is impossible to rely on that data. Professor Griffiths seem to indicate that most Europe travel diarrhoea cases, came from Spain, and although Dr Gant did not accept this, it appeared to be the conclusion of the EFSA papers. Both Dr Thomas and Professor Griffith cited that it was likely to be the case that Campylobacter/travellers' diarrhoea in the UK, come from returning travellers from Spain. Mr Clarke submitted that this may well have been because of a number of factors, including the fact that Spain is most popular tourist destination, and has over 16 million travellers each year. Dr Gant confirmed that if more people travel there, then there could be more incidents of the bacteria, that does not necessarily mean that the prevalence is higher in Spain than the UK. Mr Clarke submitted that both Spain and the UK was classified as low risk countries for travellers' diarrhoea, and therefore there was no difference between the two. Mr Clarke submitted that Campylobacter is a serious problem in both countries, and both Professor Bjarnason and Dr Gant agreed that there was something like,80,000 reported cases in the UK per annum, but they believed that there was a general consensus that the true figure was in the region of 500,000 to 800,000. Mr Clarke submitted that the experts agreed that there was significant problem in the UK, as well as Spain, concerning poultry carcasses being infected, and there was a high proportion of infected carcasses in both countries.

65 In my judgement the court accepts that there appears to be a significant issue with Campylobacter in Spain ,as well as the UK in any event. Professor Griffith stated that the EFSA study shows that in the UK ,60% of whole raw chicken was positive for Campylobacter in 2017, or the previous year. There therefore appears to be a high level of spread of Campylobacter amongst live poultry which is affected by the de-feathering of carcasses in all probability.

66 In my judgement, whilst the court accepts that there may be some evidence to believe that most travel diarrhoea starts from Spain, as this is not the foundation stone of the Claimant's case, the Court would be foolhardy to determine this issue. This Court agrees. The Court notes that prevalence was referred to and relied upon, in the conclusions Professor Bjarnason Report, together with incubation.

Conclusion/findings on liability

67 The court has found that the Claimant became ill sometime around 5 PM 4 July 2017. The Court has accepted that the Claimant did not eat or drink anything other than food or drink provided by the hotel, and although Mrs Rollo had been out buy snacks and drinks from a local shop, including bottled water, which was then provided to the Claimant, it has been accepted, and the Court has found, that the Claimant acquired the illness through eating, either chicken or cross contaminated food, from the grill/show cooking station. The parties jointly instructed Dr Foggersteiner, the nephrologist, and in answering part 35 questions raised by the Defendant, at page 899 and 900

in particular:

> "*On balance of probabilities Mr Rollo contracted the campylobacter in Spain. The alternative explanation is that he suffered two unconnected episodes of infective diarrhoea - the first in Spain which resolved, and then campylobacter a few weeks later. This seems very improbable to me and would offend Occam's razor…*
>
> *it is almost certain that Mr Rollo developed campylobacter enteritis while in Spain, the symptoms were relapsing and remitting, and…the organism was finally cultured from stool sample taken on 25/07/17"*

There was an agreement between the parties that the infection was likely to been caused by poultry or cross contaminated food, as a result of contaminated poultry. The court has accepted the Claimant's evidence, supported by his wife, that he only ate chicken, and that type of food, whilst in Spain, and that he did eat chicken or pork from the grill on the first two days of the holiday. Mr Clarke submitted that the Court did not have much information about the cooking itself and submitted that there was little evidence from the Claimant to suggest the under cooking of any meat. However, there was a dearth of information/evidence from the Defendant, and their witnesses, concerning the hygiene standards of the show cooking station, as already discussed earlier in my judgement.

68 The court has already indicated that it finds both the Claimant, and his wife, persuasive witnesses, and the Court has accepted their evidence, concerning the nature of the food that they ate whilst in the UK immediately before the holiday. In my judgement therefore the chicken/food eaten by the Claimant upon arrival, either on the evening of 2nd July, or the evening of 3rd July, was either contaminated by Campylobacter, or had been cross contaminated by campylobacter ,and the fact

that eating out was a risk factor i.e. at the hotel; that the barbecue was a risk factor; that Campylobacter is endemic in Spain (like the UK); that Mrs Rollo didn't eat from the grill because she was concerned that if there was a queue, the chefs would under cook the meat and be in a rush; and therefore may be more lax in hygiene standards. The Court has found that there was a lack of documentation, and evidence to support good hygiene standards, sufficient for the Court to be satisfied that there were regular temperature or other checks made, at the show cooking station.

69 In my judgement, the Court has taken into account all the circumstances of the case, and the evidence as a whole, and the Court finds ,on the balance of probabilities, that it is more likely than not, the claimant ate the infected food at the hotel whilst in Spain , because it was the only place the Claimant ate chicken, and the way it was cooked, could result in a risk of undercooked, or cross contaminated food.

Quantum-- loss of enjoyment/special damages/PSLA

70 In my judgement, the Court accepts that the Claimant had a complicated medical history, and it is clear, that following the holiday illness, he developed post-infective irritable bowel syndrome, which gave rise to the symptoms which he has now, and with the aid of medication, he has learnt to live with his symptoms.

71 Mr Clarke submitted that the case falls within bracket JCG 6(G)(B)(ii), serious but short-lived food poisoning" with "some remaining discomfort and disturbance of bowel function… over a few years" - £9,540 - £19,200.

The Court accepts that the following Judicial College Guidelines (16th edn.) are relevant in this case:

(b) Illness/Damage Resulting from Non-traumatic Injury, e.g. Food Poisoning

There will be a marked distinction between those, comparatively rare, cases having a long-standing or even permanent effect on quality of life and those in which the only continuing symptoms may be allergy to specific foods and the attendant risk of short-term illness.

- (i) Severe toxicosis causing serious acute pain, vomiting, diarrhoea, and fever, requiring hospital admission for some days or weeks and some continuing incontinence, haemorrhoids, and irritable bowel syndrome, having a significant impact on ability to work and enjoyment of life.

£38,430 to £52,500

- (ii) Serious but short-lived food poisoning, diarrhoea, and vomiting diminishing over two to four weeks with some remaining discomfort and disturbance of bowel function and impact on sex life and enjoyment of food over a few years. Any such symptoms having these consequences and lasting for longer, even indefinitely, are likely to merit an award between the top of this bracket and the bottom of the bracket in (i) above.

  £9,540 to £19,200

72 Mr Clarke submitted that the acute phase for the Claimant's symptoms had concluded by the end of the holiday, on or about 14th July, and that the Claimant and his wife were able to spend some time by the pool et cetera, although he agreed that the Claimant was not completely better, until may be the end of July. Mr Clarke submitted that there was now an agreement that there were not two unrelated illnesses, and therefore the symptoms did continue until December 2020, and that thereafter, the Claimant symptoms were controlled by Imodium and fibrogel. He submitted that there is little between Dr Thomas and Professor Bjarnason. He submitted that an award for PSLA was in the region of probably £12,500.

73 Miss Prager submitted to the Court, that she believed that the damages fell between the 2 sections of *JCG* bracket 6(G)(b)(i) and (ii)

74 Having taken the submissions into account, in my judgement, the Court agrees with the submissions of Miss Prager, that bearing in mind the seriousness of the acute phase of the illness, and the fact that the ongoing symptoms are relatively mild, but only because the Claimant still has to take Imodium and fibrogel, to manage his symptoms, and there still does appear to be ongoing functional deficit. The Court accepts that there is reason to believe on balance of probabilities that these ongoing symptoms are permanent, although giving the Claimant credit, he does manage them extremely well. Miss Prager therefore submits the appropriate bracket was between £22,000 and £25,000, and suggested £25,000 was reasonable in all the circumstances.

75 In my judgement therefore having taken into account the submissions of both parties, this Court agrees that the figures for PSLA should be **£25,000.**

Special damages:

76 The following claims for financial losses are made **:**

Travel Expenses – Spain	£29.38

Travel Expenses – UK	£85.68
Miscellaneous Expenses	£376.67
Special Damages Interest	£8.32
Total	£500.05

Mr Clarke submitted that due to the insufficient evidence, he considered an offer of £400 was reasonable.

77 Whilst the Court notes that there are limited documents to support the special damages claim, the Court notes there was no challenge in cross examination of the Claimant, with regard to the claim, and in view of the findings of the Court, with regard to the level of honesty with regard to the evidence given to the Court by both the Claimant and his wife, there was no suggestion that he has been dishonest in his claim in respect of special damages.

The Court therefore awards the sum of £**500.**

Loss of enjoyment of holiday

78 Mr Clarke said the loss of enjoyment was not specifically pleaded, but did not take issue with the claim. He submitted that as the Claimant and his wife did manage to enjoy some of their holiday the total cost been £1675, he suggests a figure of £750.

Miss Prager submitted that a figure of £1000 was reasonable in view of the fact that the holiday was completely ruined for both the Claimant and his wife.

In my judgement, the Court agrees with submissions by Miss Prager, and awards the claimant £1000 for loss of enjoyment of holiday.

By way of conclusion therefore the court awards total damages to the Claimant by way of judgement on his claim, in the sum of **£26,500.**

The Court will consider any submissions from counsel, with regard to interest and costs, at the handing down of this judgment.

IN THE COUNTY COURT AT BIRMINGHAM Claim No. G80YX223

BETWEEN:

IAIN ROLLO Claimant

and

JET2 HOLIDAYS LIMITED Defendant

ORDER

BEFORE Her Honour Judge Ingram, sitting at Birmingham County Court on 3rd April 2023,

UPON hearing counsel for the Claimant (Sarah Prager) and for the Defendant (Daniel Clarke):

IT IS ORDERED:

1. There be judgment for the Claimant in the sum of £26,500.

2. The Defendant shall pay the Claimant's costs, which shall be assessed on the standard basis for the period up to and including 16th February 2019 and on the indemnity basis thereafter. The Claimant's costs are to be assessed by way of detailed assessment if they are not agreed.

3. The Defendant shall make an interim payment to the Claimant on account of costs of £70,000 within 28 days of the date of this order.

4. The Defendant shall be liable for interest on costs incurred on or after 16th February 2019 at a rate of 6%.

5. The Defendant shall be liable to the Claimant for an uplift of 10% on the award of damages, being the sum of £2,650.

6. The Defendant shall be liable for interest on damages at a rate of 6% on the award of damages, between 16th February 2019 and 25th March 2023, being the sum of £6,757.50.

Date this 3rd April 2023